

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101576945

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/											
2	/												
3	/												
4	/												
5	/												
6	/												
7	/												
8	/												
9	/												
10	/												
11	/												
12	/												
13	/												
14	/												
15	/												
16	/												
17	/												
18	/												
19	/												
20	/												
21		20											
22	/												
23	/												
24	/												
25	/												
26	/												
27	/												
28	/												
29	/												
30	/												
31	/												
32	/												
33	/												
34	/												
35	/												
36	/												
37	/												
38	/												
39	/												
40	/												
41	/												
42		20											
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	40	↓			↓			↓					
TOTAL DEP.	90	←			←			←					
TOTAL CLAIMS	80	██████████			██████████			██████████					